

# MDT SWPPP INSPECTION REPORT

Date & Time of Inspection: \_\_\_\_\_ Contract and/or  
Project Name/Location: \_\_\_\_\_ Control Number(s): \_\_\_\_\_

Reviewer: ☐ Contractor ☐ MDT Construction ☐ MDT Maintenance ☐ Other: \_\_\_\_\_

Is the Reviewer a representative of the permit holder? ☐ Yes ☐ No

*NOTE: For inspections where MDT is the reviewer but not the permit holder, this report is not intended for compliance purposes and the Certification Statement on the following page is not applicable. This form may or may not meet the Storm Water Permit requirements. If the Contractor is the permit holder, it is the Contractor's responsibility to meet those requirements regardless of whether this report has been completed.*

Inspection Type: ☐ 14-Day (FROM \_\_\_\_\_ TO \_\_\_\_\_) ☐ Monthly ☐ Storm Event ☐ Other: \_\_\_\_\_

Current Weather & Discharge Conditions: \_\_\_\_\_

Weather conditions since the previous inspection (include storm event start date(s), duration, amount of precipitation, and whether any discharge occurred): \_\_\_\_\_

Pollutant Control *	In Conformance	Effective
<b>Are BMPs (as identified in the SWPPP) installed, maintained, and functioning properly?</b>	<b>YES NO N/A</b>	<b>YES NO N/A</b>
Blankets, Mulch, Temporary Seeding, Vegetation Protection, etc.	YES NO N/A	YES NO N/A
Construction Exit/Entrance Stabilization	YES NO N/A	YES NO N/A
Stock Piles / Soil Cover / Dust Control	YES NO N/A	YES NO N/A
Vehicle/Equipment Inspection. Fluid & Fuel Containment	YES NO N/A	YES NO N/A
<b>Are all streams, wetlands, drainages, and/or other water bodies effectively protected with proper BMPs?</b>	<b>YES NO N/A</b>	<b>YES NO N/A</b>
Sediment Barriers (silt fence, wattles, etc.), Vegetation, Buffers, etc.	YES NO N/A	YES NO N/A
Inlet & Outlet Protection	YES NO N/A	YES NO N/A
<b>Is the SWPPP being amended and updated to reflect changes to BMPs and site conditions?</b>	<b>YES NO N/A</b>	<b>YES NO N/A</b>
<b>Does this construction project or site appear to be in compliance with the SWPPP and the General Permit?</b>	<b>YES NO N/A</b>	<b>YES NO N/A</b>
* items in bold must be addressed, all others are to assist with the site evaluation and are optional		

**NON-CONFORMANCES NOTED:** (Explain each "NO" indicated above, attach additional sheets if needed)

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# MDT SWPPP INSPECTION REPORT

Project: \_\_\_\_\_

Date: \_\_\_\_\_

## COMMENTS OR ADDITIONAL NON-CONFORMANCES NOTED:

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Reviewed by: \_\_\_\_\_  
(print name)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Certification Statement (If reviewer represents the permit holder, the box must be initialed)

☐

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

## FOLLOW UP ACTIONS FOR NON-CONFORMANCE NOTED ABOVE:

Based on the results of the inspection, necessary control modifications were implemented within \_\_\_\_\_ calendar days and are described below:

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Reviewed by: \_\_\_\_\_  
(print name)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_